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September 26, 2016

VIA UPS

Federal Election Commission 999 E Street, N.W. Washington, DC 20463

RE:

Latino Voters Action Fund

To Whom It May Concern:

Please find enclosed for filing the initial Form 1 and Independent Expenditure letter for the above captioned entity. If possible, please return a time-stamped copy in the envelope provided. If you have any questions or need any further, please do not hesitate to contact me.

Sincerely,

Cathrine J. Harshman



Federal Election Commission 999 E Street, N.W. Washington, DC 20463

RE: Form 1, Statement of Organization- Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in *SpeechNow v. FEC*, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates and committees.

Respectfully submitted,

Gary Frazee, Treasurer

2016-09-27-03-00100173

FEC FORM

Only

STATEMENT OF ORGANIZATION

RECEIVED -

2016 SEP 27 AM 10: 15

FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Latino Voters Action Fund 3556 Sullivant Ave. ADDRESS (number and street) Suite 105B (Check if address is changed) Columbus 43204 IOH CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) latinovoters.af@gmail.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE C FEC IDENTIFICATION NUMBER IS THIS STATEMENT AMENDED (A) NEW (N) OR I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Gary Frazee Type or Print Name of Treasurer 09 20 2016 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Use Federal Election Commission Toll Free 800-424-9530 (Revised 02/2009)

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FEC Fo	orm 1 (Revised 02/2009)	Page 2			
TYPE OF (COMMITTEE				
Candidat	e Committee:				
(a)	This committee is a principal campaign committee. (Complete the candidate information below	v.)			
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name of Candidate		<u>I I I I I I I I I I I I I I I I I I I </u>			
Candidate Party Affiliat	ion Office Sought: House Senate President	State District			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate					
Party Co	mmittee:				
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Political /	Action Committee (PAC):				
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a			
	Corporation Corporation w/o Capital Stock	Labor Organization			
	Membership Organization Trade Association	Cooperative			
	In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)				
	In addition, this committee is a Lobbyist/Registrant PAC.				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Fun	draising Representative:				
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate				
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political			
Con	nmittees Participating in Joint Fundraiser				
1.	FEC ID number				
2.	FEC ID number C	and the second s			
3.					
4.					

FEC Form 1 (Rev	vised 02/2009)	Page 3
Write or Type Committee		
Latino Voters Action	on Fund	
6. Name of Any Connec	cted Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
		<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Con	nnected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
 Custodian of Records books and records. 	s: Identify by name, address (phone number optional) and position of the person	in possession of committee
Full Name	ia Arbini-Carbonell	<u> </u>
Mailing Address	3556 Sullivant Ave. Suite 105B	
	Columbus 10H1 14	3204
Title or Position	CITY STATE	ZIP CODE
Custodian of R	ecords Telephone number]
	me and address (phone number optional) of the treasurer of the committee; and (e.g., assistant treasurer).	the name and address of
Full Name Gal	ry Frazee	111111
Mailing Address	93 Granville St	
	Gahanna OH 4	3230
Title or Position Treasurer	Telephone number 614	j_[476 <u>]</u> _[1327

FEC Form 1 (Re	evised 0.2/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Tel	ephone number	<u> </u>
Realiza au Othan Danas	sitories: List all banks or other depositories in which	the committee decesits fun	ada halda appaunta renta
safety deposit boxes or	maintains funds.	me committee deposits for	ids, fiolds accounts, ferits
Name of Bank, Deposit	tory, etc.		
lΗμι	· ηtington Βank	1 1 1 1 1 1 1 1 1	
Mailing Address	17 Ş. High Şt. MA10		
	Columbus	OH	43215
	CITY	STATE	ZIP CODE
Name of Bank, Deposit	lory, etc.		
		1 1 1 1 1 1 1	
Mailing Address			
	CITY	STATE	ZIP CODE

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